

## Out of State Criminal History Background Checks

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**ARM 37.95.161 CHILD CARE FACILITIES: CRIMINAL FINGERPRINT AND BACKGROUND CHECKS REQUIREMENTS:** (1) *A fingerprint background check by the Montana Department of Justice and Federal Bureau of Investigation is required prior to working in a child care facility and every five years thereafter.*

\* All staff of any age and household members 18 years and older **are required to complete FBI checks every 5 years.**

**Please be aware that the fingerprint process could take up to 6 weeks.**

To avoid processing delays, please follow the steps below:

- 1. Have your fingerprints rolled at your local Child Care Resource and Referral (R&R) office or local Law Enforcement agency.**
- 2. Ensure your original fingerprint card is completely filled out (see attached fingerprint card example)**
- 3. Make a check or money order payable to Montana Criminal Records in the amount of \$30.**
- 4. Mail FBI fingerprint card with your paperwork to the Child Care Licensing office in Helena:**

DPHHS/QAD/CCL  
PO BOX 202953  
HELENA, MT 59620-2953  
FAX: 406-444-1742    EMAIL: [childcarelicensing@mt.gov](mailto:childcarelicensing@mt.gov)

Please note, if the card and paperwork was sent to DOJ it will be shredded.

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## How to Fill Out Fingerprint Cards

### Child Care Licensing

| APPLICANT                                                                          |  | LEAVE BLANK                                                       |  | TYPE OR PRINT ALL INFORMATION IN BLACK |            | LEAVE BLANK                      |  |
|------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|--|----------------------------------------|------------|----------------------------------|--|
|                                                                                    |  |                                                                   |  | LAST NAME                              | FIRST NAME | MIDDLE NAME                      |  |
|                                                                                    |  |                                                                   |  | Doe                                    | Jane       | Margaret                         |  |
| SIGNATURE OF PERSON FINGERPRINTED:<br><i>Jane Doe</i>                              |  | ALIASES: <i>AAA</i>                                               |  | CITY: <i>MT025025y</i>                 |            | DATE OF BIRTH: <i>01/01/1998</i> |  |
| RESIDENCE OF PERSON FINGERPRINTED:<br>1234 5 <sup>th</sup> Ave<br>Helena, MT 59601 |  | Brown, Jane<br>Smith, Jane                                        |  |                                        |            | PLACE OF BIRTH: <i>USA</i>       |  |
| DATE: <i>6/15/17</i>                                                               |  | SIGNATURE OF OFFICIAL TAKING FINGERPRINTS:<br><i>Whitney Zehm</i> |  | COUNTRY: <i>US</i>                     |            | HEIGHT: <i>5.6</i>               |  |
| EMPLOYER AND ADDRESS:<br>DPHHS- QAD                                                |  | YOUR NO: <i>QCA</i>                                               |  | F: <i>F</i>                            |            | WHI: <i>whi</i>                  |  |
| FEDERAL IDENTIFICATION NO:<br>NCPA/VCA<br>Child Care Licensing                     |  | FBI NO: <i>EE</i>                                                 |  | WGT: <i>150</i>                        |            | BRW: <i>brw</i>                  |  |
|                                                                                    |  | ARMED FORCES NO: <i>MMU</i>                                       |  | BLN: <i>bln</i>                        |            | HEL: <i>Helena, MT</i>           |  |
|                                                                                    |  | SOCIAL SECURITY NO: <i>123-45-6789</i>                            |  | CURR: _____                            |            | REF: _____                       |  |
|                                                                                    |  | MISCELLANEOUS NO: <i>MMU</i>                                      |  | LEAVE BLANK                            |            |                                  |  |
| <h1>EXAMPLE</h1>                                                                   |  |                                                                   |  |                                        |            |                                  |  |
| LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY                                             |  | RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY                           |  |                                        |            |                                  |  |

*\*Each fingerprint card should be examined to ascertain all information that is required on the fingerprint card has been provided and is legible. Incomplete cards will not be processed and will be mailed back. All fingers need to be in the correct position and rolled. To avoid delays, ask the requestor of the background check or call Montana Criminal Records at (406) 444-3625 for assistance.*